

Owensboro Catholic Elementary Schools Extended School Day Program

Important Information for the 2014-2015 School Year

Due to increased enrollment and childcare regulations, there will be a CAP on the number of students we can accommodate in our Extended School Day Program at the OCES K-3 and OCES 4-6 Campuses next year.

It is **ESSENTIAL** that you sign up for the Extended School Day Program **NOW - DURING PREREGISTRATION** in order to secure enrollment in the program. **Full-time** students will receive first priority.

Another very important change in payments for the Extended School Day Program:

There will be only **THESE OPTIONS** for paying for enrollment in the Extended School Day Program:

- 1. PAY IN FULL on or before Friday, July 25, 2014.**
- 2. PAY 1/2** on or before Friday, July 25, 2014 and **the second 1/2** by January 15, 2015.
- 3. Via FACTS** - this will be deducted from your designated account along with your tuition.
- 4. Payroll Deduction** - available to OCS employees only.

Annual Amounts

FULL-TIME

(3 or more days per week)

One Child - \$1,150

Two Children - \$1,824

Three Children - \$2,498

Four Children - \$3,172

*PART-TIME

(2 days per week)

One Child - \$753

Two Children - \$1,507

Three Children - \$2,260

Four Children - \$3,013

*PART-TIME

(1 day per week)

One Child - \$377

Two Children - \$753

Three Children - \$1,130

Four Children - \$1,507

Due to Staffing Costs, **ALL** children enrolled, Full-time or Part-time, will be charged regardless of attendance.

* Parents must designate the day(s) of the week the child will be staying if they are Part-time.

- Delinquent accounts may result in the child(ren)'s dismissal from the program.
- A late pick up fee of \$5.00 will be assessed for the initial five (5) minutes after 5:30 and \$1.00 for each additional minute. Two (2) or more late pick ups may lead to dismissal from the program.

The goal of the Owensboro Catholic Extended School Day Program is to provide a safe after school environment conducive to both the social development and the academic achievement of participating students.

The objectives of the program are:

1. To develop good after school study habits through homework and tutorial assistance.
2. To provide opportunities for students to interact socially with other students through structured activities.

Hours: 2:30-5:30 PM Monday through Friday on days school is in session. There is **NO** Extended School Day Program on the **LAST day of school before Christmas break and the last day of school year AND if school is dismissed early due to inclement weather.**

Eligibility: Open to all students attending Owensboro Catholic Elementary School. **Priority will be given to Full Time users and to those who pre-register for the Extended School Day Program at the time of their Preregistration for School in MARCH.**

Occasional care (\$9 per day) will be accepted if space is available at the school site. Parents of occasional care must notify the school in advance of the day they wish to use the care to assure space availability.

All paperwork must be complete before students are accepted in the program.

- Groups:** Student to staff ratio: age 6 and younger – 15/1; age 7 to 14 – 25/1. Students will be grouped by grade and/or age.
- Snacks:** Immediately after roll call, a nutritious snack is provided.
- Homework:** Homework time is offered daily at each site for students in 3rd - 6th grades.
- Discipline:** Reasonable cooperation is expected of all students participating in the Extended School Day Program. Students who refuse to cooperate with staff members may be excluded from participating in certain activities and/or the student may be permanently dismissed from the program. See the Extended School Day Program Handbook for the “Discipline” policy.
- Pick Up:** Parents are asked to come into the school and “check out” students each afternoon. A late pick up fee of \$5.00 will be assessed for the initial five (5) minutes after 5:30 and \$1.00 for each additional minute. Two or more late pick-ups may lead to dismissal from the program.
- Activities:** Besides homework, the children will be given the opportunity to play organized and unorganized games both indoors and outdoors. They may also have interaction with the other students with board games, video games, etc. Occasionally, a movie may be shown. The activities at each site may vary due to weather, available space, and the Director’s discretion.
- Sign ups:** Parents will register their child(ren) during Preregistration in March. Preregistration forms will be numbered as they are received due to the CAP on the number of students we can accommodate.
- Handbook:** See the Extended School Day Program Handbook for more information at www.owensborocatholic.org. If you are not able to access this site, please call the school office to obtain a copy of the Handbook.

All paperwork must be complete before students are accepted in the program.

Owensboro Catholic Elementary Schools Extended School Day Program

2014-2015

Parent Name _____

Parent Social Security Number XXX-XX- _____

Home Address _____

Phone _____ Email _____

Student's Name

Grade

Full Time

Part Time (Days of Week)

| Student's Name | Grade | Full Time | Part Time (Days of Week) |
|----------------|-------|-----------|--------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Father: Place of Employment _____

Home Phone # _____ Cell # _____ Work # _____

Mother: Place of Employment _____

Home Phone # _____ Cell # _____ Work # _____

**My child(ren) will be checked out of the Owensboro Catholic
Extended School Day Program by one of the following people:**

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

If for some reason the above named people are unable to come for my child, I will send written permission for another to take her/him. I understand that "pick-up" changes can be made by phone only in the case of an emergency. The Extended School Program personnel may check the authenticity of the phone message by calling the telephone number listed for the student's parent/guardian.

I have read and agree to the terms as stated on the cover pages, "Extended School Day Program," and the Handbook.

I understand the Program Directors reserve the right to amend the rules or policies for just cause and I will be notified of said changes as they occur.

Parent/Guardian Signature _____

Date _____

OVER

Parent Permission Form

I hereby authorize the Owensboro Catholic Elementary Schools Extended Day Program Director or director designee to obtain emergency medical care for my child(ren) named on reverse side.

I hereby grant permission for my children to use all of the play equipment and participate in all school sponsored extra-curricular activities.

In case of emergency I hereby grant permission for the Director or director designee to take the following action:

1. Parents will be contacted and their instructions followed.
2. Should a life-threatening situation arise, the 911 procedure will be activated first and parent notified as soon as possible.
3. In the event parents cannot be reached, the Director or director designee will determine whether the 911 emergency procedure should be followed or first aid administered at location.
4. In the event parents cannot be reached and the Director or director designee determines the need to transport to a hospital, an emergency vehicle will be called. Under no circumstances will the school provide emergency transportation.
5. The child's medical history and authorization for emergency medical care will be made available to the emergency personnel.
6. Any expenses incurred under any of the above will be borne by the child's family.
7. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment, and/or failure to update student's information in writing.

Parent Emergency Phone # _____ or # _____

Persons to contact in case of emergency (other than parent):

Name: _____ Phone # _____
Name: _____ Phone # _____
Name: _____ Phone # _____

Doctor to be called in event of emergency:

Name: _____ Phone # _____

Medical Problems:

Student's Name: _____ Special medical/allergies problem(s) _____

Student's Name: _____ Special medical/allergies problem(s) _____

Student's Name: _____ Special medical/allergies problem(s) _____

Student's Name: _____ Special medical/allergies problem(s) _____

Name of person(s) with court ordered restricted access to the child(ren):

Parent/Guardian Signature

Date